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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted With Initial Filing <b>OR</b> <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	EX03-050C-US
	First Named Inventor	Costa, et al
	COMPLETE IF KNOWN	
	Application Number	10/520,836
	Filing Date	1/7/2005
	Art Unit	
	Examiner Name	

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

RABS as Modifiers of the p53 Pathway and Methods of Use

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

7/9/2003

as United States Application Number or PCT International

Application Number

US03/21382

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number <u>23500</u> OR <input type="checkbox"/> Correspondence address below			
Name Exelixis, Inc.			
Address 170 Harbor Way			
City South San Francisco		State CA	ZIP 94083-0511
Country US		Telephone 650-837-7000	Fax 650-837-8234
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <u>Michael R.</u>		Family Name or Surname <u>Costa</u>	
Inventor's Signature		Date	
Residence: City <u>SAN FRANCISCO</u> <u>CA</u>	State <u>CA</u>	Country <u>US</u>	Citizenship <u>US</u>
Mailing Address 18 HAZELWOOD AVENUE			
City <u>SAN FRANCISCO</u>	State <u>CA</u>	Zip <u>94112</u>	Country <u>US</u>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <u>Mark E.</u>		Family Name or Surname <u>Maxwell</u>	
Inventor's Signature <u>M. E. Maxwell</u>		Date <u>7/28/2005</u>	
Residence: City <u>SAN FRANCISCO</u> <u>mm</u> <u>PA</u>	State <u>PA</u> <u>mm</u>	Country <u>US</u>	Citizenship <u>US</u>
Mailing Address <u>524 30TH AVENUE, #105</u> <u>mm</u> <u>1160 S. VALLEY FORGE RD.</u>			
City <u>LANSDALE</u> <u>mm</u> <u>SAN FRANCISCO</u> <u>mm</u>	State <u>PA</u> <u>mm</u>	Zip <u>19446</u> <u>mm</u> <u>94124</u> <u>mm</u>	Country <u>US</u>
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 2 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>
Page 3 of 4	

<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
<u>Mark B.</u>			<u>Lackner</u>		
Inventor's Signature <span style="float: right; font-size: 1.5em;">CA</span>			Date		
Residence: City <u>BRISBANE</u>	State <u>CA</u>	Country <u>US</u>	Citizenship <u>US</u>		
Mailing Address <u>143 MENDOCINO STREET</u>					
Mailing Address					
City <u>BRISBANE</u>	State <u>CA</u>	ZIP <u>94005</u>	Country <u>US</u>		
<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
<u>Tak</u>			<u>Hung</u>		
Inventor's Signature <span style="float: right; font-size: 1.5em;">CA</span>			Date		
Residence: City <u>FOSTER CITY</u>	State <u>CA</u>	Country <u>US</u>	Citizenship <u>CN</u>		
Mailing Address <u>1072 GULL AVENUE</u>					
Mailing Address					
City <u>FOSTER CITY</u>	State <u>CA</u>	Zip <u>94404</u>	Country <u>US</u>		
<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
<u>Carol L.</u>			<u>O'Brien</u>		
Inventor's Signature <span style="float: right; font-size: 1.5em;">CA</span>			Date		
Residence: City <u>PACIFICA</u>	State <u>CA</u>	Country <u>US</u>	Citizenship <u>US</u>		
Mailing Address <u>461 NORFOLK DRIVE</u>					
Mailing Address					
City <u>PACIFICA</u>	State <u>CA</u>	Zip <u>94044</u>	Country <u>US</u>		

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Supplemental Sheet**

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Timothy S.		Heuer	
Inventor's Signature		Date	
CA			
Residence: City	EL GRANADA	State	CA
		Country	US
Citizenship US			
Mailing Address 315 AVENUE DEL ORO			
Mailing Address			
City	EL GRANADA	State	CA
		ZIP	94018
		Country	US
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Kim		Lickteig	
Inventor's Signature		Date	
CA			
Residence: City	SAN FRANCISCO	State	CA
		Country	US
Citizenship US			
Mailing Address 144 MISSOURI STREET			
Mailing Address			
City	SAN FRANCISCO	State	CA
		Zip	94107
		Country	US
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Inventor's Signature		Date	
Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
City		State	
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PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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	Art Unit	
Examiner Name		

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the specification of which *(Title of the Invention)*

☐ is attached hereto

**OR**

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				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Country US				Telephone 650-837-7000			Fax 650-837-8234		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR:						<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)) Michael R.						Family Name or Surname Costa			
Inventor's Signature <i>Michael R. Costa</i>						Date <i>7/18/05</i>			
Residence: City SAN FRANCISCO				State CA		Country US		Citizenship US	
Mailing Address 18 HAZELWOOD AVENUE									
City SAN FRANCISCO				State CA		Zip 94112		Country US	
NAME OF SECOND INVENTOR:						<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)) Mark E.						Family Name or Surname Maxwell			
Inventor's Signature						Date			
Residence: City SAN FRANCISCO				State CA		Country US		Citizenship US	
Mailing Address 524 30TH AVENUE, #105									
City SAN FRANCISCO				State CA		Zip 94121		Country US	
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Inventor's Signature		Date	
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Country	US	Citizenship	US
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Mailing Address			
City	BRISBANE	State	CA
ZIP	94005	Country	US
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Tak		Hung	
Inventor's Signature		Date	
Residence: City	FOSTER CITY	State	CA
Country	US	Citizenship	CN
Mailing Address 1072 GULL AVENUE			
Mailing Address			
City	FOSTER CITY	State	CA
Zip	94404	Country	US
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Carol L.		OBrien	
Inventor's Signature		Date	
Residence: City	PACIFICA	State	CA
Country	US	Citizenship	US
Mailing Address 461 NORFOLK DRIVE			
Mailing Address			
City	PACIFICA	State	CA
Zip	94044	Country	US

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Timothy S.		Heuer	
Inventor's Signature		Date	
Residence: City	EL GRANADA	State	CA
		Country	US
Citizenship US			
Mailing Address 315 AVENUE DEL ORO			
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Given Name (first and middle [if any])		Family Name or Surname	
Kim		Lickteig	
Inventor's Signature		Date	
Residence: City	SAN FRANCISCO	State	CA
		Country	US
Citizenship US			
Mailing Address 144 MISSOURI STREET			
Mailing Address			
City	SAN FRANCISCO	State	CA
		Zip	94107
		Country US	
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Inventor's Signature		Date	
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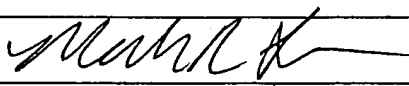
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City South San Francisco		State CA		ZIP 94083-0511	
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Mailing Address 524 30TH AVENUE, #105					
City SAN FRANCISCO		State CA	Zip 94121	Country US	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 2 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Page 3 of 4

Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Mark R.		Lackner	
Inventor's Signature 		Date 8/10/05	
Residence: City	BRISBANE	State	CA
		Country	US
Mailing Address 143 MENDOCINO STREET			
Mailing Address			
City	BRISBANE	State	CA
		ZIP	94005
		Country	US
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Tak		Hung	
Inventor's Signature		Date	
Residence: City	FOSTER CITY	State	CA
		Country	US
Mailing Address 1072 GULL AVENUE			
Mailing Address			
City	FOSTER CITY	State	CA
		Zip	94404
		Country	US
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Carol L.		OBrien	
Inventor's Signature		Date	
Residence: City	PACIFICA	State	CA
		Country	US
Mailing Address 461 NORFOLK DRIVE			
Mailing Address			
City	PACIFICA	State	CA
		Zip	94044
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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b>
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Given Name (first and middle (if any))				Family Name or Surname	
Timothy S.				Heuer	
Inventor's Signature				Date	
Residence: City	EL GRANADA	State	CA	Country	US
Citizenship US					
Mailing Address 315 AVENUE DEL ORO					
Mailing Address					
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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted With Initial Filing      OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	EX03-050C-US
	First Named Inventor	Costa, et al
	COMPLETE IF KNOWN	
	Application Number	10/520,836
	Filing Date	1/7/2005
	Art Unit	
	Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

RABS as Modifiers of the p53 Pathway and Methods of Use

the specification of which (Title of the Invention)

☐ is attached hereto

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I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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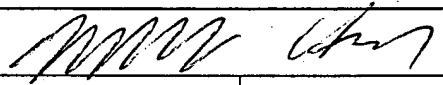
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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number				23500		OR		<input type="checkbox"/> Correspondence address below	
Name Exelixis, Inc.									
Address 170 Harbor Way									
City South San Francisco				State CA			ZIP 94083-0511		
Country US				Telephone 650-837-7000			Fax 650-837-8234		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR:						<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Michael R.						Family Name or Surname Costa			
Inventor's Signature						Date			
Residence: City SAN FRANCISCO				State CA		Country US		Citizenship US	
Mailing Address 18 HAZELWOOD AVENUE									
City SAN FRANCISCO				State CA		Zip 94112		Country US	
NAME OF SECOND INVENTOR:						<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Mark E.						Family Name or Surname Maxwell			
Inventor's Signature						Date			
Residence: City SAN FRANCISCO				State CA		Country US		Citizenship US	
Mailing Address 524 30TH AVENUE, #105									
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Given Name (first and middle (if any))			Family Name or Surname		
Tak			Hung		
Inventor's Signature 				Date <i>July 16th 2005</i>	
Residence: City	FOSTER CITY	State	CA	Country	US
Mailing Address 1072 GULL AVENUE					
Mailing Address					
City	FOSTER CITY	State	CA	Zip	94404
				Country	US
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<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
Timothy S.				Heuer	
Inventor's Signature				Date	
Residence: City	EL GRANADA	State	CA	Country	US
				Citizenship	US
Mailing Address 315 AVENUE DEL ORO					
Mailing Address					
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Kim				Lickteig	
Inventor's Signature				Date	
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Mailing Address					
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PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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	Application Number	10/520,836
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	Art Unit	
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**I hereby declare that:**

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RABS as Modifiers of the p53 Pathway and Methods of Use

the specification of which (Title of the Invention)

☐ is attached hereto

OR

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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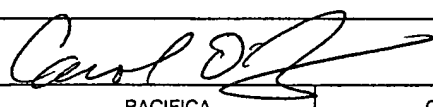
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Name Exelixis, Inc.					
Address 170 Harbor Way					
City South San Francisco		State CA		ZIP 94083-0511	
Country US		Telephone 650-837-7000		Fax 650-837-8234	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
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Given Name (first and middle [if any]) Michael R.			Family Name or Surname Costa		
Inventor's Signature				Date	
Residence: City SAN FRANCISCO		State CA		Country US	Citizenship US
Mailing Address 18 HAZELWOOD AVENUE					
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I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

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I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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Name Exelixis, Inc.					
Address 170 Harbor Way					
City South San Francisco		State CA		ZIP 94083-0511	
Country US		Telephone 650-837-7000		Fax 650-837-8234	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
Michael R.			Costa		
Inventor's Signature				Date	
Residence: City		State		Country	
SAN FRANCISCO		CA		US	
Citizenship US					
Mailing Address 18 HAZELWOOD AVENUE					
City		State		Country	
SAN FRANCISCO		CA		US	
Zip		94112			
NAME OF SECOND INVENTOR:					
				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
Mark E.			Maxwell		
Inventor's Signature				Date	
Residence: City		State		Country	
SAN FRANCISCO		CA		US	
Citizenship US					
Mailing Address 524 30TH AVENUE, #105					
City		State		Country	
SAN FRANCISCO		CA		US	
Zip		94121			
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 2 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 3 of 4

<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
Mark R.			Lackner		
Inventor's Signature				Date	
Residence: City	BRISBANE	State	CA	Country	US
Citizenship US					
Mailing Address 143 MENDOCINO STREET					
Mailing Address					
City	BRISBANE	State	CA	ZIP	94005
				Country	US
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
Tak			Hung		
Inventor's Signature				Date	
Residence: City	FOSTER CITY	State	CA	Country	US
Citizenship CN					
Mailing Address 1072 GULL AVENUE					
Mailing Address					
City	FOSTER CITY	State	CA	Zip	94404
				Country	US
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
Carol L.			OBrien		
Inventor's Signature				Date	
Residence: City	PACIFICA	State	CA	Country	US
Citizenship US					
Mailing Address 461 NORFOLK DRIVE					
Mailing Address					
City	PACIFICA	State	CA	Zip	94044
				Country	US

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**

Page 4 of 4

Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Timothy S.		Heuer	
Inventor's Signature <i>Timothy S Heuer</i>		Date 07-15-2005	
Residence: City	EL GRANADA	State	CA
		Country	US
Citizenship US			
Mailing Address 315 AVENUE DEL ORO			
Mailing Address			
City	EL GRANADA	State	CA
		ZIP	94018
		Country	US
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Kim		Lickteig	
Inventor's Signature		Date	
Residence: City	SAN FRANCISCO	State	CA
		Country	US
Citizenship US			
Mailing Address 144 MISSOURI STREET			
Mailing Address			
City	SAN FRANCISCO	State	CA
		Zip	94107
		Country	US
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
City		State	
		Zip	
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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted With Initial Filing         OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	EX03-050C-US
	First Named Inventor	Costa, et al
	COMPLETE IF KNOWN	
	Application Number	10/520,836
	Filing Date	1/7/2005
	Art Unit	
	Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

RABS as Modifiers of the p53 Pathway and Methods of Use

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 7/9/2003 as United States Application Number or PCT International

Application Number US03/21382 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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[Page 1 of 2]

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Name Exelixis, Inc.					
Address 170 Harbor Way					
City South San Francisco		State CA		ZIP 94083-0511	
Country US		Telephone 650-837-7000		Fax 650-837-8234	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Michael R.			Family Name or Surname Costa		
Inventor's Signature				Date	
Residence: City SAN FRANCISCO		State CA	Country US	Citizenship US	
Mailing Address 18 HAZELWOOD AVENUE					
City SAN FRANCISCO		State CA	Zip 94112	Country US	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Mark E.			Family Name or Surname Maxwell		
Inventor's Signature				Date	
Residence: City SAN FRANCISCO		State CA	Country US	Citizenship US	
Mailing Address 524 30TH AVENUE, #105					
City SAN FRANCISCO		State CA	Zip 94121	Country US	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 2 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 3 of 4

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Mark R.				Lackner	
Inventor's Signature				Date	
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Mailing Address				Citizenship US	
143 MENDOCINO STREET					
Mailing Address					
City	BRISBANE	State	CA	ZIP	94005
				Country	US
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
Tak				Hung	
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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet

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Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Timothy S.		Heuer	
Inventor's Signature		Date	
Residence: City	EL GRANADA	State	CA
		Country	US
Mailing Address 315 AVENUE DEL ORO			
Mailing Address			
City	EL GRANADA	State	CA
		ZIP	94018
		Country	US
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Kim		Lickteig	
Inventor's Signature		Date 7/15/05	
Residence: City	SAN FRANCISCO	State	CA
		Country	US
Mailing Address 144 MISSOURI STREET			
Mailing Address			
City	SAN FRANCISCO	State	CA
		Zip	94107
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Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
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